

FILED MAR 18 1955

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

10872

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (If this place) 3-WKS.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) 12 5578 Waterman Ave. 2129			
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) MAY c. (Last) ROGERS			4. DATE OF DEATH February 26, 1955		5. SEX F.		6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH May 13, 1909		9. AGE (In years last birthday) 45		10. IF UNDER 1 YEAR Months 9 Days 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Consultant, Red Cross				10b. KIND OF BUSINESS OR INDUSTRY Hospital Recreation		11. BIRTHPLACE (City and State or Foreign Country) Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.				13a. FATHER'S NAME Harold M. Rogers		13b. MOTHER'S MAIDEN NAME Grace E. Darrah	
14. NAME OF HUSBAND OR WIFE Marquette, Michigan				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 490-36-8116	
17. INFORMANT'S SIGNATURE OR NAME Mrs. D.H. Bottum, 605 W. College Ave.				18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. INTERVAL BETWEEN ONSET AND DEATH SEVERAL YEARS	
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMATOSIS BREASTS PRIMARY SITE				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 170X				22. I hereby certify that I attended the deceased from 2-4-1955, to 2-26-1955, that I last saw the deceased alive on 2-26-1955, and that death occurred at 5:05 P.M., from the causes and on the date stated above.			
22a. SIGNATURE John D. Davidson M. D.		(Degree or title)		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED FEB 28 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 1, 1955		24c. NAME OF CEMETERY OR CREMATORY Hampton Cemetery		24d. LOCATION (City, town, or county) (State) Hampton, Iowa	
DATE REC'D BY LOCAL REG. FEB 28 1955		REGISTRAR'S SIGNATURE John D. Davidson		FUNERAL DIRECTOR'S SIGNATURE John D. Davidson		ADDRESS 3846 Pendell Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Francis Williamson*.....

Licensed Embalmer No. *356*.....

P. O. Address *3840 Lind*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.